



CT-245

New York State Department of Taxation and Finance

Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability

Tax Law— Article 9, Section 181.2

2002 calendar-yr. filers, check box Other filers enter tax period:

Final return (see procedure in instr.)

beginning ending

Main form with fields: Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS, Business telephone number, NAICS business code number, Principal business activity, Location of commercial domicile, Date authorized to do business in New York State, If not authorized to do business in New York State, check here.

A. Payment - pay amount shown on line 6. Make check payable to: New York State Corporation Tax. Attach your payment here.

Table with 7 rows: 1 Maintenance fee, 2 Total prepayments, 3 Subtotal, 4 Interest, 5 Additional charges, 6 Balance due, 7 Refund.

Activities

8 List all locations of offices and other places of business in and outside New York State. Table with columns: Location, Nature of activities, Date began.

- 9 Does the corporation own or lease real property in New York State...
10 Does the corporation maintain inventory or own or lease property in New York State?
11 Does the corporation employ any other assets in New York State?

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of elected officer or authorized person, Official title, Date, Firm's name, Address, ID number, Date, Signature of individual preparing this return.

Mail your return to: NYS CORPORATION TAX PROCESSING UNIT PO BOX 22038 ALBANY NY 12201-2038

- 12** Did the corporation perform services in New York State? Yes No
 If Yes, attach a separate sheet with details.
- 13** Does the corporation own assets in New York State that are leased to others? Yes No
 If Yes, explain _____
- 14** Did the corporation perform any construction, erection, installation or repair work, or other services in New York State? Yes No
 If Yes, explain _____
- 15** Did the corporation participate in a partnership, limited liability company/partnership, or joint venture doing business in New York State? Yes No
- 16** Did the officers or employees of the corporation do any of the following?
- a. Perform public relations activities in New York State Yes No
 - b. Furnish technical advice to retailers or consumers in New York State Yes No
 - c. Investigate claims in New York State Yes No
 - d. Collect accounts in New York State Yes No
 - e. Perform services in New York State Yes No
 - f. Approve or reject orders in New York State Yes No
 - g. Perform other activities in New York State (*attach an explanation*) Yes No
 - h. Coordinate or supervise, or both, the activities of a subsidiary that is taxable in New York State Yes No
- If you answered Yes to any of the above questions (16a-h), attach a separate sheet with details of the activities, including continuity, frequency, and regularity.
- 17** Transportation corporations only: Did the corporation make any pickups or deliveries in New York State during this calendar year? Yes No
 If Yes, attach a sheet indicating the number of pickups and deliveries made and describe the total activities of the corporation in this state.
- 18** Is the corporation formed for or engaged in the business of extracting, producing, refining, manufacturing, or compounding petroleum? Yes No
- 19** Does the corporation sell petroleum products (crude oil, plant condensate, gasoline, aviation fuel, kerosene, diesel motor fuel, benzol, fuel oil, residual oil, or liquefied or liquefiable gases such as butane, ethane, or propane)? Yes No
 If Yes, is any of the petroleum shipped to New York State from a location outside New York State? Yes No
- 20** Does the corporation import petroleum products into New York State for its own consumption? Yes No

21 List all employees, including officers, employed within New York State (*attach additional sheets if necessary*).

Name	Title	Date began	Duties and responsibilities	Compensation